**SUPPLIER REGISTRATION CUM APPROVAL FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 1. Supplier General Information** | | | | | | |
| 1 | Supplier`s Name | |  | | | |
| 2 | Address | |  | | | |
| 3 | Telephone Number | |  | | | |
| 4 | Tax Registration Number | |  | | | |
| 5 | E-mail Address | |  | | | |
| 6 | Web site | |  | | | |
| 7 | Contact Person | |  | | | |
| 8 | Manufacturing Location:  (If different/additional to above address) | |  | | | |
| 9 | Number of employees/staff  (Total company wide) | |  | | | |
| 10 | Nature of Business:  (Describe the products/service you intend to supply) | |  | | | |
| 11 | Product approvals, Type of approvals and certifications held by your company) | |  | | | |
| 12 | Is your company registered with local Government authorities?  (Attach supporting documents) | |  | | | |
| 13 | Provide a history of your company since its inception (Attach supporting documents) | |  | | | |
| 14 | Please provide details of your audited accounts for the past two years.(attach supporting documents) | |  | | | |
| 15 | Provide details of bank references | |  | | | |
| **Section 2-Quality Management Information**. | | | | | Yes | No |
| **Section 2 Part A** | | | | |  |  |
| 16 | Is your Company certified to ISO 9001/ISO 13485/IMDR 2017 or equivalent? (If yes attach copy of certificate) | | | |  |  |
| **Section 2 Part B**  (You need to complete this section only if you have ISO 9001/ISO 13485/IMDR 2017 or equivalent certification) | | | | | | |
| 17 | Does your company have a person responsible for the Quality Management System? | | | |  |  |
| 18 | Does your company have a Quality Assurance Management Manual? | | | |  |  |
| 19 | Does your company have a Quality Assurance Policy? | | | |  |  |
| 20 | Does your company perform Quality Control activities on products prior to dispatch? | | | |  |  |
| 21 | Does your company have systems/procedures in place for the protection and preparation of products to ensure that they are shipped safely and without risk of damage or deterioration? | | | |  |  |
| 22 | Does your company perform Quality activities to ensure that the documentation / Certification as required under the purchase order on products prior to dispatch? | | | |  |  |
| **Section 3 –Delivery Terms** | | | | | | |
| 23 | | What is the lead time for delivery of items if order is confirmed? | |  | | |
| **Section 4-Payment terms** | | | | | | |
| 24 | | What are your payment terms and credit facilities? | |  | | |
| **Section 5 – Warranty / Guaranty** | | | | | | |
| 25 | | What are your product warranty /guaranty? | |  | | |

**Note VCSMed India reserves the right to conduct an Audit at your company based on your responses to the above questions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 6 – Registration form Sign –off (All parts of this section must be completed**) | | | |
| **Supplier Authorized**  **Personnel Name** | **Designation** | **Signature** | **Date** |
|  |  |  |  |

|  |
| --- |
| **For Serwell Medi-Equip (P) Lted** |
| **Review and recommendation by the Purchase Manager** |
| **Final Decision** |

|  |  |  |
| --- | --- | --- |
| **Approved By**  **Director** | **Date** | **Date of Re-approval** |
|  |  |  |